



**NANCY FARMER, MISSOURI STATE TREASURER**  
**MISSOURI FIRST LINKED DEPOSIT**  
**DROUGHT RELIEF LOAN APPLICATION**

TO: Missouri Treasurer Nancy Farmer  
(This section to be completed by applicant)

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP Code)

Phone #: (\_\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_\_) \_\_\_\_\_

Area Served: \_\_\_\_\_ Number of people served: \_\_\_\_\_

Purpose of Project: \_\_\_\_\_

Number of households \_\_\_\_\_ and businesses \_\_\_\_\_ affected

Estimated yield: (gallons or acre-feet) \_\_\_\_\_

Total cost of project: \$ \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

**APPLICANT CERTIFICATION:**

*I hereby apply for a MISSOURI FIRST Linked deposit for Drought Relief Loan in the amount and for the purpose stated above. I certify that the proceeds of this loan will be used exclusively to pay the costs of upgrading or repairing an existing water system, constructing a new system, or making other capital improvements to a water system which are necessary to improve the service capacity of the system. I am aware of, and in agreement with, the \_\_\_\_\_ % interest rate to be charged for this loan. I understand that any misrepresentation or misuse of these funds subjects the responsible party to criminal liability. I am also aware of the Conflict of Interest Policy adopted by the State Treasurer's Office and I comply with that policy. I certify that I am in compliance with all state and federal laws.*

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**BANK CERTIFICATION:**

*Based on the information presented to me, I find the applicant eligible to participate in the MISSOURI FIRST Linked Deposit Drought Relief program and I approve this loan. The current normal borrowing rate applicable to loans of this type is \_\_\_\_\_ %. The rate to be charged for this loan is \_\_\_\_\_ %. (Exact loan rate will be determined prior to placement of deposit, if rate is expressed as a spread.)*

\_\_\_\_\_  
(Lender's signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

(Both sides of this application must be completed before submitting to the Missouri Treasurer's Office.)

**Americans with Disabilities Act (ADA) Notice**

No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the Treasurer of Missouri, or be subjected to discrimination by the Treasurer of Missouri. Any applicant for the MISSOURI FIRST Linked Deposit program who needs special accommodations (e.g., documents prepared in an alternative format or special telecommunications assistance) should request such accommodations from the Treasurer. For more information about such services, contact the Investments Department at 573-751-8530.